


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A92000000063 1. Entity Name CEDAR GROVE CREATIVE PLAY CENTER, LTD.	
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FILED

06 MAY -1 PM 12:35

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



Principal Place of Business 9430 S. MAGNOLIA AVENUE OCALA FL 34476	Mailing Address P.O. BOX 1588 BELLEVIEW FL 34421
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/05)

4. FEI Number 59-3145406	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MATTHEWS, PHILIP M 501 SW 96TH LANE OCALA FL 34476	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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*9430 S. Magnolia Ave
Ocala FL 34476*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S74021 CEDAR GROVE ENTERPRISES, INC. 501 S.W. 96TH LANE OCALA FL 34476	STREET ADDRESS CITY-ST-ZIP	<i>9430 S. Magnolia Ave Ocala, FL 34476</i>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Karen E Matthews Karen E. Matthews 4/26/06* **352-237-3330**

STAPLE CHECK HERE